

## Active Employee Cost - Calendar Year 2026

### Healthcare Costs

Completed Neither Health Risk Assessment nor Biometric Health Screening

Base Employee Cost Share\*

Effective January 1, 2026

Medical Plans	Coverage Level	Employee Percentage	Biweekly 10-Month Employee	Biweekly 12-Month Employee
<b>Point of Service Plans</b>				
<b>Cigna OAP</b>	Individual	18%	90.93	69.95
	Individual + Spouse	18%	181.85	139.88
	Individual + Child	18%	181.85	139.88
	Family (Individual + Spouse + Child(ren))	18%	247.43	190.33
	Family (Individual + Children)	18%	247.43	190.33
<b>Cigna OAP w/o Care Management</b>	Individual	25%	122.83	94.49
	Individual + Spouse	25%	245.65	188.96
	Individual + Child	25%	245.65	188.96
	Family (Individual + Spouse + Child(ren))	25%	334.24	257.11
	Family (Individual + Children)	25%	334.24	257.11
<b>Health Maintenance Organization Plans</b>				
<b>Cigna OAPIN</b>	Individual	13%	47.02	36.17
	Individual + Spouse	13%	88.38	67.98
	Individual + Child	13%	88.38	67.98
	Family (Individual + Spouse + Child(ren))	13%	144.79	111.38
	Family (Individual + Children)	13%	144.79	111.38
<b>Cigna OAPIN w/o Care Management</b>	Individual	20%	70.36	54.12
	Individual + Spouse	20%	132.24	101.72
	Individual + Child	20%	132.24	101.72
	Family (Individual + Spouse + Child(ren))	20%	216.65	166.66
	Family (Individual + Children)	20%	216.65	166.66
<b>Kaiser Permanente HMO</b>	Individual	13%	59.33	45.64
	Individual + Spouse	13%	118.42	91.09
	Individual + Child	13%	118.42	91.09
	Family (Individual + Spouse + Child(ren))	13%	171.59	131.99
	Family (Individual + Children)	13%	171.59	131.99

Supplemental Plans	Coverage Level	Employee Percentage	Biweekly 10-Month Employee	Biweekly 12-Month Employee
<b>Caremark Prescription</b>	Individual	18%	25.36	19.51
	Individual + Spouse	18%	50.67	38.98
	Individual + Child	18%	50.67	38.98
	Family (Individual + Spouse + Child(ren))	18%	62.53	48.10
	Family (Individual + Children)	18%	62.53	48.10
<b>Kaiser Permanente Prescription</b>	Individual	18%	10.43	8.03
	Individual + Spouse	18%	20.82	16.02
	Individual + Child	18%	20.82	16.02
	Family (Individual + Spouse + Child(ren))	18%	30.17	23.21
	Family (Individual + Children)	18%	30.17	23.21
<b>CareFirst Dental PPO</b>	Individual	18%	4.02	3.09
	Individual + Spouse	18%	8.05	6.19
	Individual + Child	18%	8.05	6.19
	Family (Individual + Spouse + Child(ren))	18%	11.82	9.09
	Family (Individual + Children)	18%	11.82	9.09
<b>Aetna Dental DMO</b>	Individual	18%	2.36	1.82
	Individual + Spouse	18%	4.73	3.64
	Individual + Child	18%	4.73	3.64
	Family (Individual + Spouse + Child(ren))	18%	6.95	5.34
	Family (Individual + Children)	18%	6.95	5.34
<b>Davis Vision</b>	Individual	18%	0.20	0.15
	Individual + Spouse	18%	0.37	0.28
	Individual + Child	18%	0.37	0.28
	Family (Individual + Spouse + Child(ren))	18%	0.46	0.36
	Family (Individual + Children)	18%	0.46	0.36

\*Your rates may vary based on your participation in the Wellness Initiatives program. Visit the Employee Benefits web page to see all of the rate combinations.

[Employee Benefits web page](#)

Employee Life Insurance 100% rate = \$.065 per thousand of insurance per month  
Based on two times current salary rounded to the nearest \$1,000

## Active Employee Cost - Calendar Year 2026

### Healthcare Costs

Completed Both Health Risk Assessment and Biometric Health Screening  
2% Reduction in Employee Cost Share  
Effective January 1, 2026

Medical Plans	Coverage Level	Biweekly 10-Month Employee	Biweekly 12-Month Employee
<b>Point of Service Plans</b>			
<b>Cigna OAP</b>	Individual	80.83	62.17
	Individual + Spouse	161.65	124.34
	Individual + Child	161.65	124.34
	Family (Individual + Spouse + Child(ren))	219.94	169.19
	Family (Individual + Children)	219.94	169.19
<b>Cigna OAP w/o Care Management</b>	Individual	113.00	86.93
	Individual + Spouse	226.00	173.85
	Individual + Child	226.00	173.85
	Family (Individual + Spouse + Child(ren))	307.51	236.54
	Family (Individual + Children)	307.51	236.54
<b>Health Maintenance Organization Plans</b>			
<b>Cigna OAPIN</b>	Individual	39.79	30.60
	Individual + Spouse	74.78	57.52
	Individual + Child	74.78	57.52
	Family (Individual + Spouse + Child(ren))	122.51	94.24
	Family (Individual + Children)	122.51	94.24
<b>Cigna OAPIN w/o Care Management</b>	Individual	63.32	48.71
	Individual + Spouse	119.02	91.55
	Individual + Child	119.02	91.55
	Family (Individual + Spouse + Child(ren))	194.99	149.99
	Family (Individual + Children)	194.99	149.99
<b>Kaiser Permanente HMO</b>	Individual	50.21	38.62
	Individual + Spouse	100.20	77.08
	Individual + Child	100.20	77.08
	Family (Individual + Spouse + Child(ren))	145.19	111.68
	Family (Individual + Children)	145.19	111.68

Supplemental Plans	Coverage Level	Biweekly 10-Month Employee	Biweekly 12-Month Employee
<b>Caremark Prescription</b>	Individual	22.54	17.34
	Individual + Spouse	45.04	34.65
	Individual + Child	45.04	34.65
	Family (Individual + Spouse + Child(ren))	55.58	42.76
	Family (Individual + Children)	55.58	42.76
<b>Kaiser Permanente Prescription</b>	Individual	9.27	7.13
	Individual + Spouse	18.50	14.23
	Individual + Child	18.50	14.23
	Family (Individual + Spouse + Child(ren))	26.81	20.63
	Family (Individual + Children)	26.81	20.63
<b>CareFirst Dental PPO</b>	Individual	3.58	2.75
	Individual + Spouse	7.15	5.50
	Individual + Child	7.15	5.50
	Family (Individual + Spouse + Child(ren))	10.51	8.08
	Family (Individual + Children)	10.51	8.08
<b>Aetna Dental DMO</b>	Individual	2.10	1.62
	Individual + Spouse	4.20	3.23
	Individual + Child	4.20	3.23
	Family (Individual + Spouse + Child(ren))	6.17	4.75
	Family (Individual + Children)	6.17	4.75
<b>Davis Vision</b>	Individual	0.18	0.14
	Individual + Spouse	0.33	0.25
	Individual + Child	0.33	0.25
	Family (Individual + Spouse + Child(ren))	0.42	0.32
	Family (Individual + Children)	0.42	0.32

Employee Life Insurance 100% rate = \$.065 per thousand of insurance per month  
Based on two times current salary rounded to the nearest \$1,000

## Active Employee Cost - Calendar Year 2026

### Healthcare Costs

Completed Either Health Risk Assessment or Biometric Health Screening

1% Reduction in Employee Cost Share

Effective January 1, 2026

Medical Plans	Coverage Level	Biweekly 10-Month Employee	Biweekly 12-Month Employee
<b>Point of Service Plans</b>			
<b>Cigna OAP</b>	Individual	85.88	66.06
	Individual + Spouse	171.75	132.12
	Individual + Child	171.75	132.12
	Family (Individual + Spouse + Child(ren))	233.69	179.76
	Family (Individual + Children)	233.69	179.76
<b>Cigna OAP w/o Care Management</b>	Individual	117.92	90.71
	Individual + Spouse	235.82	181.40
	Individual + Child	235.82	181.40
	Family (Individual + Spouse + Child(ren))	320.87	246.82
	Family (Individual + Children)	320.87	246.82
<b>Health Maintenance Organization Plans</b>			
<b>Cigna OAPIN</b>	Individual	43.40	33.39
	Individual + Spouse	81.58	62.75
	Individual + Child	81.58	62.75
	Family (Individual + Spouse + Child(ren))	133.65	102.81
	Family (Individual + Children)	133.65	102.81
<b>Cigna OAPIN w/o Care Management</b>	Individual	66.84	51.42
	Individual + Spouse	125.63	96.64
	Individual + Child	125.63	96.64
	Family (Individual + Spouse + Child(ren))	205.82	158.32
	Family (Individual + Children)	205.82	158.32
<b>Kaiser Permanente HMO</b>	Individual	54.77	42.13
	Individual + Spouse	109.30	84.08
	Individual + Child	109.30	84.08
	Family (Individual + Spouse + Child(ren))	158.38	121.83
	Family (Individual + Children)	158.38	121.83

Supplemental Plans	Coverage Level	Biweekly 10-Month Employee	Biweekly 12-Month Employee
<b>Caremark Prescription</b>	Individual	23.95	18.42
	Individual + Spouse	47.86	36.81
	Individual + Child	47.86	36.81
	Family (Individual + Spouse + Child(ren))	59.06	45.43
	Family (Individual + Children)	59.06	45.43
<b>Kaiser Permanente Prescription</b>	Individual	9.85	7.58
	Individual + Spouse	19.66	15.12
	Individual + Child	19.66	15.12
	Family (Individual + Spouse + Child(ren))	28.49	21.92
	Family (Individual + Children)	28.49	21.92
<b>CareFirst Dental PPO</b>	Individual	3.80	2.92
	Individual + Spouse	7.60	5.85
	Individual + Child	7.60	5.85
	Family (Individual + Spouse + Child(ren))	11.17	8.59
	Family (Individual + Children)	11.17	8.59
<b>Aetna Dental DMO</b>	Individual	2.23	1.72
	Individual + Spouse	4.46	3.43
	Individual + Child	4.46	3.43
	Family (Individual + Spouse + Child(ren))	6.56	5.05
	Family (Individual + Children)	6.56	5.05
<b>Davis Vision</b>	Individual	0.19	0.14
	Individual + Spouse	0.34	0.26
	Individual + Child	0.34	0.26
	Family (Individual + Spouse + Child(ren))	0.43	0.33
	Family (Individual + Children)	0.43	0.33

Employee Life Insurance 100% rate = \$.065 per thousand of insurance per month  
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